

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

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OFFICIAL NOTICES

LIAISON COMMITTEE OF SIX

California Medical Association Committee of Three and Association of California Hospitals Committee of Three

Minutes of the First Meeting of the Committee of Six.—The meeting was called to order in the offices of the California Medical Association in San Francisco at 9:00 A.M., on Sunday, June 18, 1944.

Members Present: From the California Medical Association: John W. Cline, M.D., Chairman, San Francisco; L. A. Alesen, M.D., Los Angeles; T. Henshaw Kelly, M.D., San Francisco.

From Association of California Hospitals: Mr. Jesse V. Buck, Chairman, Whittier; Mr. A. E. Maffly, Berkeley.

Present by Invitation: Mr. A. A. Aita, President of Association of California Hospitals; Mr. Thomas F. Clark, Secretary, Association of California Hospitals; and George H. Kress, M.D., Secretary, California Medical Association.

Dr. John W. Cline presided as chairman of this 9:00 o'clock session of the Committee.

* * *

Speaking for the Committee of the California Medical Association, Dr. Cline suggested for consideration some basic principles upon which joint action might be desirable, with particular reference to the institution of a Blue Cross hospitalization set-up in California that would make it possible for a medical service plan such as California Physicians' Service and the hospitalization organizations to move forward in harmonious and efficient manner. The memorandum as submitted by Dr. Cline follows:

Medical and Hospital Service Plans: Basic Principles Upon Which Joint Action Can Be Obtained

(Steps to be First Taken by the Association of California Hospitals, Its Member Hospitals and the Three Hospital Service Plans.)

(1) A single statewide hospital service plan should be formed (either by merger of the existing plans or by creation of a new corporation).

(2) All hospitals to participate in such hospital service plan, both as to voting membership and financially. The financial participation to include at least acceptance of a flat rate for hospitalization, and reduced rates if the plan is unable to pay in full.

Steps to be Taken by Resulting Unified Hospital Service Plan and C.P.S.

A. Such hospital service plan and C.P.S. then to undertake joint action as follows:

(1) Uniform contract forms and provisions.

(2) Promotion, public relations and sales.

(3) Office administration, e.g., billing, collecting, claims, statistics, etc.

B. These principles be agreed to in writing by the California Medical Association, the Association of California Hospitals, California Physicians' Service, the Hospital Service of California, the Hospital Service of Southern California, and Intercoast Hospitalization Insurance Association, under authorization of their re-

† For complete roster of officers, see advertising pages 2, 4, and 6.

spective Boards of Directors. (Thereafter, the California Medical Association and Association of California Hospitals Committee of Three should be empowered to act and find ways and means of putting these principles into effect.)

Dr. Cline stated he was of the opinion that it might also be wise to consider adding the following under A. of the foregoing, as provision (4):

A. (4) Principle of arbitration. The statewide hospitalization plan and C.P.S. agree to submit to arbitration any problems arising out of their relations which cannot be solved by negotiation. Discussion followed.

* * *

Mr. Buck presented, on behalf of the Committee of Three of the Association of California Hospitals, a statement in which was incorporated the action taken by the Board of Trustees of the Association of California Hospitals at a meeting held on the previous day, at which meeting representatives of the hospitalization groups were also present. Mr. Buck stated that the various phases of existing conditions and proposed plans were discussed in considerable detail. Further, that the Board of Trustees of the Association of California Hospitals had given its own Committee of Three the following resolution for its guidance:

That the Board of Trustees of the Association of California Hospitals instruct the Special Committee of Three to work for a single statewide Blue Cross Hospital Service Plan, approved by the Hospital Service Plan Commission of the American Hospital Association, and that it be brought about:

(1) By a merger of the existing Blue Cross Plans, if possible by October 1, 1944, being the preferable method. If not,

(2) By a single statewide Blue Cross Plan.

Mr. Buck stated that necessary funds would be made available to complete the program.

* * *

General discussion then followed concerning the suggestions submitted above, all members of the Committee, and Mr. Aita, President of the Association of California Hospitals, taking part.

Comment was made concerning the possibility of bringing about a merger of the three existing hospitalization groups (Hospital Service of California, Hospital Service of Southern California, and Intercoast Hospitalization Insurance Association.)

In the discussion, Dr. Kelly was asked how much hospitalization coverage is being given by California Physicians' Service at the present time, and Dr. Kelly stated that approximately 15,000 beneficiary members have contracts for such C.P.S. hospitalization coverage.

Discussion then followed concerning the set-up of the three hospitalization groups, with special reference to the complexion and mode of election of their respective Boards of Directors, etc.

Mr. Buck pointed out the importance of carrying on an educational campaign, so that those California hospitals that are not participating in Blue Cross activities would obtain a better understanding of existing trends in medical and hospitalization service, insofar as laymen are concerned.

Reference was also made to the Mannix Report, which appeared in the November, 1943, issue of CALIFORNIA AND WESTERN MEDICINE, in which certain definite recommendations were made. (Page 258.)

After further discussion, it was agreed that there were no essential conflicts in the plans submitted by the Committee of Three from the California Medical Association

and the Committee of Three from the Association of California Hospitals, and that a report to that effect would be made when the hospitalization representatives appeared before the conjoint Committee of Six at the hour of 11:00 A.M.

Dr. Cline, who had acted as chairman of this first meeting, suggested that Mr. Buck act as chairman of the 11:00 A.M. conference, and it was so agreed.

Recess followed.

* * *

Minutes of the Conference of the Committee of Six with the Representatives of the Three Hospitalization Groups and California Physicians' Service.—Meeting was called to order at 11:00 A.M. in the offices of the California Medical Association, 450 Sutter Street, San Francisco, on Sunday, June 18, 1944, Mr. James V. Buck presiding.

Present:

Representing California Medical Association: John W. Cline, M.D., L. A. Alesen, M.D., and T. Henshaw Kelly, M.D.

Representing Association of California Hospitals: Mr. James V. Buck, and Mr. A. E. Maffley.

Representing Hospital Service of California: H. Gordon MacLean, M.D., and H. Houvinen, Esq.

Representing Hospital Service of Southern California: Mr. Howard Burrell, and Mr. Ritz E. Heerman.

Representing Intercoast Hospitalization Insurance Association: Mr. R. D. Brisbane.

Representing California Physicians' Service: T. Henshaw Kelly, M.D.

Present by Invitation: Mr. A. A. Aita, President, Association of California Hospitals; Mr. Thomas F. Clark, Secretary, Association of California Hospitals; S. A. Jelte, M.D., Hospital Service of California; and George H. Kress, M.D., Secretary, California Medical Association.

Chairman Buck outlined to those present the conclusions which had been drawn at the joint conference of the two Committees of Three from the California Medical Association and the Association of California Hospitals, and read to those present the resolution that had been adopted by the Trustees of the Association of California Hospitals:

That the Board of Trustees of the Association of California Hospitals instruct the Special Committee of Three to work for a single statewide Blue Cross Hospital Service Plan, approved by the Hospital Service Plan Commission of the American Hospital Association, and that it be brought about:

(1) By a merger of the existing Blue Cross Plans, if possible by October 1, 1944, being the preferable method. If not,

(2) By a single statewide Blue Cross Plan.

Mr. Buck stated that necessary funds would be made available to complete the program. He then asked the other members of his own Committee whether they concurred in his presentation, and they stated they were in full accord.

Discussion then took place concerning methods that were possible of attainment at the present time, insofar as merger and consolidation of existing hospitalization groups were concerned.

Mr. Burrell called attention to the fact that there were some 10,000 hospital beds in Southern California and 5,000 in Northern California, and if participating hospitals were each given a vote, the southern hospitals would dominate a Blue Cross hospitalization participation plan.

He also mentioned the manner in which, to a certain extent, the hospitals in Southern California had made

themselves financial underwriters of Hospital Service of Southern California.

Mr. Burrell held that a single, statewide plan with one office could not carry on its work as effectively in California, as would be possible under a system with one office in San Francisco for the northern activities, and another office in Los Angeles for the southern group. Such a plan would contemplate an Executive Committee of the northern group of hospitals, and another Executive Committee of the southern group of hospitals, these two committees to form or authorize a conjoint committee with power to lay down policies, formulate a single statewide contract, etc.

Discussion followed, in which Dr. MacLean, Mr. Heerman, Mr. Brisbane, and others present took part.

Mr. Brisbane explained that, in his opinion, a single unified statewide Blue Cross Plan was unworkable. Further, that Intercoast had been having conferences with Hospital Service of California, and there was every indication that a merger could be brought into being between those two organizations.

"Dr. MacLean said he believed that it would be agreeable to the Board of Directors of the Hospital Service of California to enlarge the Board from nine members to twelve members, the three additional members to be made up of three hospital administrators, one to be picked from each of the three hospital conferences in Northern California, and that the three hospital conferences would each be asked to nominate a representative from their own conference."

In a further discussion, Mr. Brisbane stated that authority had been given by Hospital Service of California and Intercoast Hospitalization Insurance Association, and also by Hospital Service of Southern California, that their respective representatives who were present at this meeting would have power to act in relation to their respective groups.

Dr. T. Henshaw Kelly, speaking at this time as a representative of California Physicians' Service, stated that if there were one hospitalization group or committee that would have power to make policy decisions for the entire State, and elaborate a single contract, he felt such a plan would be satisfactory to California Physicians' Service at this time.

Dr. Alesen opined that the compromise plan which had been presented seemed to be workable and desirable.

Concerning the suggestion that decisions should be reached by a definite date, say October 1, 1944, it was brought out in discussion that owing to legal requirements related to mergers, as well as other factors, it was advisable that no definite date of full accomplishment be agreed upon at this time.

"Mr. Maffly stated it was reassuring to know that these plans were being made, but that they would not be adequate from the standpoint of hospitals unless hospitals elected their own trustees and completely controlled the hospital insurance plan exactly the same way the doctors control the C.P.S. This would be in line with the Mannix Survey recommendations which have been approved by both the Association of California Hospitals and the California Medical Association, namely that the hospitals themselves should completely control the hospitalization insurance groups and the physicians completely control the medical insurance group.

"Mr. Maffly stated he thought this very important because a mere merger of the two northern hospital insurance plans on the same basis as the present would not attract the hospitals to adopt this plan as their own and encourage them to lend it the support which the plan will need to really prosper in this area."

After further discussion, on motion by Mr. Brisbane, seconded by Dr. Kelly, it was voted that the representatives of the various organizations meeting at this time approve the plan of two hospitalization organizations, one in Southern California and one in Northern California (the northern group to be a merger of Hospital Service of California and Intercoast Hospitalization Insurance Association; and the southern group to be Hospital Service of Southern California); the representative board of the two to be given full authority to meet with California Physicians' Service to effect common policies and operations relating to the two organizations; and that the goal of the two organizations be a single statewide plan to be created as soon as can be reasonably accomplished. Chairman Buck called for a vote by raising of hands. The vote was unanimous.

Dr. Cline asked concerning the merger which had been mentioned as under consideration by Hospital Service of California and Intercoast Hospitalization Insurance Association, with particular reference to the time required to bring the same into operation.

Dr. McLean, in reply, stated that the legal advisors had had the plan under consideration and were ready to act at once, but that it had not been possible to take further steps until, at this present meeting the basic set-up for California might be authorized. The resolution adopted today having settled these matters, Dr. MacLean could assure those present that every effort would be made to bring about a merger of the two organizations as soon as legal procedures permitted.

In connection with the proposed plan of a conjoint Executive Committee to determine matters of policy, etc., Dr. Cline brought out the desirability of a Committee of Arbitration, representative of the two groups, with the understanding that if the two Executive Committees could not agree on certain major matters of procedure, they would agree to then abide by decisions of the Arbitration Committee.

In discussing this, Dr. MacLean felt it was undesirable at this time to suggest such an Arbitration Committee for the two executive groups. He stated that he believed the two executive groups would approach their duties in a sincere and whole-hearted manner, and if it were necessary to have an arbitration group on any particular matter, they, themselves, would be glad to provide the same.

Mr. Buck asked Dr. Kelly to tell something of the changes which had taken place in Los Angeles at the C.M.A. Annual Session, concerning California Physicians' Service, in relation to the new method of election of Administrative Members, etc.

Dr. Kelly outlined what had been done. (The details of the action taken by the House of Delegates of the C.M.A. in Los Angeles on May 7-8, 1944, are recorded in the minutes which appear on pages 329-333 of the June issue of CALIFORNIA AND WESTERN MEDICINE.) The resolutions of the three hospitalization groups, which were submitted to the Committee of Eight, also appear in that issue on page 324.

Dr. Cline added that the Executive Committee of the California Medical Association was so desirous of placing C.P.S. on a sound basis that it had voted to pay the first year's salary of an over-all, top executive for C.P.S., and that a special committee of the Trustees of C.P.S. had this matter now in hand.

Dr. Kelly also mentioned that a new set-up had been created for C.P.S. in the Southern Section of the State, with an Assistant Director who would have power to act for that territory.

Mr. Buck referred briefly to the subject of public relations, and stated that the two Committees of Three had

decided a discussion of such plans would be premature at this time, and should be held in abeyance until such time as some of the objectives have been obtained. He asked if that were agreeable to all, and the answer was in the affirmative.

Chairman Buck asked if there were other business matters to come before the meeting. There being none, he expressed gratification at the progress that had seemingly been made at this meeting. In closing, he stated, however, that his Committee had received specific instructions from the Association of California Hospitals concerning certain objectives providing for a single statewide Blue Cross plan in California, and, speaking for himself and his committee, he would continue to work for the attainment of such a unified whole, feeling the conclusions reached here today were practically a means to further progress and development. Also, that the Committee of Six would continue its existence until objectives were brought into being.

The meeting was adjourned.

JOHN W. CLINE, M.D., *Chairman*,
MR. J. V. BUCK, *Chairman*,
GEORGE H. KRESS, M.D., *Acting Secretary*.

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

Pre-Medical Students: Future Implications

Dr. James E. Paullin, retiring president of the American Medical Association, warned during the week of June 6th against "an alarming situation" in medicine, seriously threatening the public health, because so many doctors are in the armed forces and it is difficult to obtain draft deferments for premedical students.

In a nationwide CBS radio broadcast during the program, "The Doctor Fights," Dr. Paullin asserted on June 6th that "so hazardous is this situation as it relates to the health and welfare of the American people that several special committees of the American Medical Association are working seriously on this problem right now."

He pointed out that, in age groups over 45, "there are now more deaths among doctors than statistics would lead us to expect—simply because of the excessive strain placed upon these doctors by today's difficult times."

"Today with more than 60,000 doctors in the armed forces and with the Army and Navy taking more than half of the new graduates each year, an alarming situation has developed which in the future may seriously threaten the public health," he said.

"About 3,600 doctors are entering the armed services annually. There is an annual deficit each year of at least 2,200 doctors, because the vacancies created in medical ranks by death or forced retirement from practice because of age or illness cannot be filled. The reason for this lies in the difficulty of deferring premedical students, and in keeping our classes filled with otherwise draft-exempt men or with women."

He expressed gratification at the discovery in recent years of such drugs as penicillin and the sulfonamides, which, he said, "mean so much to the health and life of human beings that every doctor longs to see them made available to any human being in need of them."

"The problems of medical care are fundamental to the reconstruction and rehabilitation of our nation in the

postwar period," he said. "The medical profession of this nation is willing to take the lead in planning the evolutionary changes that are bound to occur."

Medicine's most important current problem, Dr. Paullin asserted, "is the maintenance of a constant flow of physicians from our medical schools to supply the civilian population and the armed forces now and in the postwar period."

"The education of a modern doctor," he explained, "requires a period of premedical education. Even when it is accelerated to the utmost, it takes a year and a half. Then comes medical education which, even when speeded to the greatest rate, requires two and one-half years additional. Besides every doctor must have, even in war-time, at least nine months of internship in a good hospital. In peace time this may be a year or even two years of additional training."

Deferment of Doctors

There is sense in the American Medical Association protest against a selective service ruling which denies deferment to premedical students. The ruling is silly. Of course, the premedicals may be as much as eight years away from practice. But under any program the postwar order is going to need competent medical care for mind and body. If it takes eight years to make a doctor we want no shortcuts. There may be cases where refusal of deferment is justified, but a general order is wrong.—*Editorial, San Francisco Chronicle.*

M.D.'s at Front Guarding Mental Health

The Army is moving psychiatrists right up to the battle lines in a new move to lessen the number of mental casualties of war. In the last four months of 1943 mental affliction caused the discharge of 93,000 men, according to figures presented to congress.

These "fox-hole" psychiatrists, who will live with the men, learn to shoot their weapons, ride their vehicles and take their combat courses, will be pioneers in a new venture in "preventive psychiatry."

It will be their main job to try to prevent well men from "cracking up" under the strain of battle—instead of treating men who already have broken down. Up to now, psychiatric activity in the army has been confined mostly to hospitals, with emphasis on diagnosis and treatment.

Psychiatrists have been stationed at induction centers and at mental hygiene units in replacement training centers, but their work has largely been with men who exhibit some mental weakness at the start.

The army medical department has assigned a psychiatrist to every military division in the field—both in combat and precombat training areas—with the specific mission to "keep men mentally healthy."

"Over Age" Doctors May Be Called Into Armed Services

The War Manpower Commission on June 13th began reviewing its list of physicians previously classed as "over age" by the army and navy.

Those who can be spared by their communities will be offered the chance to apply for officers' commissions with the understanding they will be assigned to the veterans administrations. The army accordingly has raised its age limit for physicians to 63 and the navy to 55.

Physicians are classified as to "essentiality" in their communities much as are key workers in industry. The WMC said, these classifications will be

reviewed in the cases of the older doctors. Those who can be spared will be declared available for military service. The WMC considers one physician to 1,500 population adequate for the country at large.

Medical Plans for D-Day

Before the House of Delegates of the American Medical Association at the meeting on June 13, 1944, Major General Norman T. Kirk, Surgeon-General of the U. S. Army in his address said:

I think you might be interested in the setup of plans for D-Day when this push came across and we really started to fight this war. We have just started to fight this war. We are ready to pour men in there to win this war, and the medical department has a plan that is backing up those gallant troops that are going to make this drive to win the war.

When those units went over they attached medical companies. Two medical aid men went forward with each company that went into attack to supply first aid to the first men wounded. The litter bearers came forward to carry those men back to the aid stations that were set up on the beachhead when the battalion first landed. Then they were put on certain selected LST boats that brought over tanks and infantry and whatnot, manned by Navy personnel, Navy medical officers and

Corps men who gave first aid in these LSTs, which before they left the home shore were supplied with the necessary medical equipment for dressing stations and operating rooms aboard the hospital ships that carried these battle casualties and battle sick back to the home shore, where there were ambulances and hospital trains available to take them to hospitals.

As those troops advanced, the medical battalion came in with its collecting stations and clearing stations, and those clearing stations were supplemented by surgical teams to take care of the nontransportable patients. As they advanced and a division came ashore, platoons of field hospitals and evacuation hospitals landed on the beach head to give primary surgery on the beach head rather than transport them back by boat to England for primary surgery. And so the plan is in operation as it has been studied and developed to take care of the battle casualties that ensue from this invasion.

There are general hospitals there in England that will go forward and set up in France. These units have been there operating for a year, two years, and then have been pulled out, ready to go up with their equipment to set up general hospitals in France, while newer units come over and take over the job they were doing in England. That is the plan of medical service in that theater.

I want to thank the American Medical Association for

U. S. Casualties Exceed Total of World War I

Washington, July 5.—(UP.)—American casualties in World War II have surpassed those of World War I, an analysis of the latest official reports disclosed today.

In this war, 31 months of global fighting have produced 261,541 casualties as compared to the 259,735 casualties accumulated during the 19 months of United States participation in the last conflict.

A breakdown by categories shows:

This war—56,772 dead, 107,938 wounded, 55,903 missing and 40,928 prisoners of war.

Last war—53,878 dead, 201,377 wounded, and 4,480 prisoners.

The World War II figures were taken from four nonconflicting, nonduplicating announcements:

1. The official War Department announcement of 179,923 Army casualties through June 13 but not counting losses in Normandy and Saipan.
2. The official Navy Department announcement of 47,704 Navy, Marine Corps and Coast Guard casualties as of July 5, exclusive of losses on Saipan.
3. The announcement by the Supreme Allied Command of 24,162 U. S. casualties in Normandy through June 20.
4. Admiral Chester W. Nimitz' announcement of 9,752 casualties on Saipan from the time of the landings on June 15 up to June 28.

Analysis of these figures provides the following breakdown by category and service:

<i>World War II to Date</i>					
	<i>Dead</i>	<i>Wounded</i>	<i>Missing</i>	<i>Prisoners</i>	<i>Totals</i>
<i>Army</i>	35,289	87,812	45,776	36,467	205,344
<i>Marines</i>	5,851	14,333	1,688	1,944	23,816
<i>Navy and Coast Guard</i>	15,632	5,793	8,439	2,517	32,381
<i>Totals</i>	56,771	107,938	55,903	40,928	261,541

To arrive at a comparable table for World War I, Army casualties were obtained from the War Department, which said those contained in the Secretary of War's annual report of 1926 had been officially announced as final. The Navy, Coast Guard and Marine Corps casualties were supplied by the Navy Department after a recent recapitulation.

The World War I totals are at variance with those in some reference works which generally show not only those killed in action, dead of wounds and lost at sea, but also those dead from disease and accident. In the following table—as in the World War II breakdown—only those who died in action, died of wounds, or have been definitely established as lost at sea, are listed among the dead:

<i>World War I</i>				
	<i>Dead</i>	<i>Wounded</i>	<i>Prisoners</i>	<i>Total</i>
<i>Army</i>	50,510	193,663	4,480	248,653
<i>Marines</i>	2,475	7,714	10,189
<i>Navy and Coast Guard</i>	893	893
<i>Totals</i>	53,878	201,377	4,480	259,735

The official records for World War I show no Marine prisoners, but some are believed to have been included in the Army figure. No missing for any service are shown in the table for the last war because, by the time official figures were compiled, persons listed as missing either had returned to duty or had been listed as dead.—San Francisco News, July 5.

the help that it has given the Surgeon General's Office in selecting specialists and making available this information about doctors as to what they can do and not what they think they can do. With the help in our office of such men as General Rankin and Hugh Morgan and others from you who have come in to assist us, those men have been placed on the jobs where they are doing excellent work. With 40,000 men in the Medical Department and with excellent care that we are seeing that the sick and wounded are receiving, it isn't by chance that this all happened. It was planned, and the right man was put in the right job to do that job.

I thank you for allowing me to talk to you. I am afraid I have talked too long.

On Plans for Post-War Use of Wartime Hospitals

Eight of every 10 men accepted for armed services had physical defects, Selective Service Director Hershey will tell Senate subcommittee next week. How these eight were made fit will be told by Surgeon General of Navy, Admiral Ross T. McIntire. Committee members may ask why similar miracles weren't performed on thousands of rejectees.

Hearings, presided over by Senator Pepper (D., Fla.) will pave way for legislation he plans to assure full post-war use of wartime hospitals, clinics.—"Washington Calling," in San Francisco News, July 8.

Cadet Nurse Corps

The United States Cadet Nurse Corps has exceeded its first year quota of 65,000 recruits by more than 500, Dr. Thomas Farran, Surgeon General of the Public Health Service, reported on June 30.

Medical Journals—For Colleagues in Military Service

In former issues, editorial comment was made on a plan to forward medical journals to the Hospital Stations of Army, Navy, and Air Force camps now located in California.

This work is being carried on by the California Medical Association—through its Committee on Postgraduate Activities—in coöperation with the medical libraries of the University of California, Stanford, and the Los Angeles County Medical Association.

The address of the three libraries follow:

University of California Medical Library, The Medical Center, Third and Parnassus, San Francisco, California.

Lane Medical Library, Clay and Webster Streets, San Francisco, California.

Los Angeles County Medical Library Association, 634 South Westlake, Los Angeles, California.

If more convenient, you can send journals via "Railway Express Agency," collect, to: California Medical Association Postgraduate Committee, Room 2008, Four Fifty Sutter, San Francisco, California. Railway Express Agency addresses: In San Francisco, at 635 Folsom (EX 3100); in Los Angeles, at 357 Aliso (MU 0261). The "Railway Express Agency" will call for packages and will collect costs from the California Medical Association. The Postgraduate Committee will forward to camps

Hospital Corps School to Open in San Diego

The Navy's largest hospital corps school, with a capacity of 2,500 "students," will be placed in operation in Balboa Park, San Diego, during July, 11th Naval District headquarters announced on June 30.

A hospital corps school located here for several years will be combined with one now at the Great Lakes Naval Training Center, Illinois, in the new facilities. Twelve weeks' training will be provided to prepare hospital corpsmen for duty with the Navy and Marine Corps.

Floating Hospitals

Floating hospitals are now going to sea as part of our regular convoy escorts, it was disclosed during the Navy trial run of the PCE (R) 853 (patrol craft escort, rescue) in Lake Michigan.

These vessels contain bunks for 57 passengers and have complete hospital facilities, including a doctor, operating table, dispensary and X-ray machines.

Like other PCE craft, which do not have the hospital facilities, these rescue ships are manned by seven officers and 100 men. In addition to their rescue work, these craft, it was pointed out, make excellent vessels for following up landing craft in invasions.

Military Clippings.—Some news items of a military nature from the daily press follow:

A.M.A. Attacks Drafting of Pre-Medical Students; Asks President Roosevelt to Change Policy

Voicing bitter protest against Selective Service for banning deferment of all pre-medical students after July 1, the House of Delegates of the American Medical Association called upon the President or Congress to "correct the current drastic regulations," which the physicians said "threatens the health and well-being of our citizens."

Meeting in Chicago during the A.M.A.'s 94th annual convention, the delegates adopted a resolution condemning "the present policy of the Army and the Selective Service System in preventing the enrollment of a sufficient number of qualified medical students" during wartime. Copies were wired to President Roosevelt, Congressional leaders, the War Manpower Commission and other governmental agencies, stating that "immediate action is imperative."

The action was taken on the opening day of the five-day session, only a short time after Dr. James E. Paullin, of Atlanta, the retiring president, told the delegates: "It can be readily seen that a very serious situation will soon face us."

"The accelerated medical training program," Dr. Paullin said in his address, "contemplates 6,000 students each year. At the beginning of the program 55 per cent of the places were to be filled by the Army; 25 per cent by the Navy; and 20 per cent by women, physically disqualified men, and those deferred by Selective Service. This was bad enough, but a recent directive from Selective Service, in which after July 1, 1944, there will be no deferment for pre-medical students, stops abruptly the entrance in 1945 of practically all desirable students who are not either physically disqualified or women, to whom we can look in the near future to supply medical care for civilian needs. When it is realized that there is already an annual deficit of at least 2,200 physicians caused by death or forced retirement from civilian practice beyond the 1,200 who graduate with deferred classification, it can be readily seen that a very serious situation will soon face us."

1 1 1

President Roosevelt Refuses to Defer Pre-Medical Students

Washington, July 5.—(U.P.)—President Roosevelt today refused to order a change in the Selective Service ruling banning deferment of pre-medical students beyond July 1, as he had been asked to do by Rep. A. L. Miller (R., Neb.).

Rep. Miller wrote the President on June 16 asking that he review the no deferment order affecting pre-medical students. The White House today made public the President's reply in which he said, "the need of the armed forces for young, vigorous men" is paramount.

Mr. Roosevelt said the inter-agency committee on deferments, formed to advise Selective Service on deferment of men under 26, had pointed out that present pre-medical students could not be of service in medical practice before 1948, and that "many of them would never practice medicine."

The President said young men who are physically unfit for armed service are available for pre-medical training and that, so far as the future supply of doctors is concerned, many ex-servicemen will desire to begin the study of medicine.

The President said servicemen who want to study medicine should be "given every opportunity in the way of education and training." He added that medical colleges were "particularly interested" in promoting this type of medical education.—San Francisco News, July 5.

COMMITTEE ON MEDICAL ECONOMICS

New Accident and Sickness Claim Forms

As a step to relieve the burden imposed by war conditions on the medical profession, the adoption of two new short simplified statement forms to be filled out by physicians for their patients who have accident or sickness claims under personal accident or health policies is being recommended by The International Claim Association and the Health and Accident Underwriters Conference to companies writing these forms of insurance.

Introduction of the new forms, The Association believes, will be an advantage not only from the physician's standpoint but also in enabling policyholders to establish their claims more promptly.

The new physician's statement blanks have been drafted jointly by the Medical Conference Committee of the Claim Association headed by A. G. Frankhauser of the Continental Casualty Company of Chicago and a special committee of the Underwriters Conference headed by George W. Young, Secretary of the Inter-State Business Men's Company of Des Moines. These committees have had the interested coöperation of Dr. R. G. Leland, Director of the Bureau of Medical Economics of the American Medical Association and also of the Governing Committee of the Bureau of Personal Accident and Health Underwriters.

The questions on the simplified blanks are designed to bring out the facts necessary to establish the claim. All other questions have been eliminated. No notarial acknowledgment or other certification by the doctor is required.

Attending Physician's Statement—Sickness

Name and address of insurance company.

Patient's name.

Address.

1. Diagnosis

Please explain complications, if any.

2. When did patient first consult you for this illness?

(Date)

3. When did first symptoms appear?

(Date)

4. What operation was performed, if any?

5. Was patient confined to the house?

From (Date)..... to (Date).....

Was patient confined to a hospital?

From (Date)..... to (Date).....

Name of hospital?

6. Dates of treatments?

Office (Dates)..... Home (Dates).....

7. When was, or will patient be able to resume any part of his work?

Date

If you wish to amplify, please use this space.

Date

Signed

Street and No.....Town.....State.....

Attending Physician's Statement—Accident*

Name and address of insurance company.

Patient's name.

Address.

1. Please describe injury received.....

Date of accident.....

2. What operation was performed, if any?

3. Please give dates you attended patient for this injury.....

Office..... Home.....

Patient hospitalized? From (Date).....

to (Date)..... Name of hospital?

4. How long was, or will patient be totally disabled?

From (Date)..... to (Date).....

If you wish to amplify, please use this space.

Date

Signed

Street and No.....Town.....State.....

* (Note: The San Francisco County Medical Society, in its "Bulletin" for July, printed two short insurance forms for sickness and accident reports that had been prepared by the Society's special committee, in line with the above. On each of the forms it is stated that if a more detailed report is required, a charge for same will be made, the cost to be borne by the carrier. The forms are available through the office of the San Francisco County Medical Society at cost, \$1.25 per hundred. Reference was also made thereto in CALIFORNIA AND WESTERN MEDICINE, for June, on page 341.)

COMMITTEE ON PUBLIC POLICY AND LEGISLATION†

Free Medical Care Initiative Proposed

The "California Plan for Free Medical Care" is the name of a proposed initiative measure, written and prepared by Dr. George H. Sciaroni, of Fresno, to be submitted to the voters of the State of California, presumably in a special election.

This plan provides that medical care shall be made available to every citizen of this state, regardless of social position or ability to pay.

The health of every citizen is vital to the strength of our nation. Many lives have been blighted and many otherwise useful citizens have been lost to the community because they could not afford the proper medical care which would have saved them misery and unhappiness, and restored them to their rightful places in civic life.

The Fresno Central Council was the first to officially endorse Dr. Sciaroni's plan, which is now being acted on by other labor councils throughout the state.—Fresno Labor News, June 2, 1944.

Government Control a Disaster

Socialized medicine would mean greater security for doctors. Therefore, the medical profession, in opposing socialization, is not grinding the ax of personal gain. This is hard for medical critics who think comfort is the millennium, to understand.

Doctors oppose government domination of medicine for two reasons: First, because it would lower medical standards and bring about inferior medical service to the people. Second, because, as American citizens with a background of freedom and individualism, they have no alternative but to oppose any measure which they feel is a threat to American institutions and Constitutional government. Socialized medicine, like socialization of industry, would hasten the end of freedom in this nation.

The doctors have been accused of selfishness and blind conservatism in their battle against government medicine. If they were selfish they would not be killing themselves trying to maintain the health of the nation during the present crisis. They are far from blind conservatives, because more than anyone else, they come into contact with misfortune and death. They are

† Component County Societies and California Medical Association members should not give endorsements to proposed legislation unless the California Medical Association Committee on Public Policy and Legislation has so requested. On such matters, address: California Medical Association Committee on Legislation, Dwight Murray, M. D., Chairman, 450 Sutter, San Francisco. Telephone, DOuglas 0062.

For address of California Public Health League, see adv. page 6.

working constantly to broaden and improve medical care. Some measure of their success is indicated by the fact that the span of life in the last century and a half has been increased from 35 to 62 years—almost doubled.

The attitude of physicians on the issue of socialized medicine has been well described by Rear Admiral Ross T. McIntire, the president's physician. "It is my hope that we shall never see the practice of medicine or anything else that has to do with it come under government control. It would be a disaster to this country."—Editorial in *Isleton Journal*, May 26.

MATERNITY-PEDIATRIC PLAN OF FEDERAL CHILDREN'S BUREAU*

ITEM LIII

Pressure on Congress for E.M.I.C. Bureau Funds Hit

House Committee Assails Propagandizing by Federal Employees for Appropriations

The third major money bill reported in less than a week—a \$1,104,972,814 supply measure for independent offices—was used by the House Appropriations Committee on May 27 as the medium for a verbal slap at Federal employees who "propagandize" Congress for money.

Directing its criticism at the Children's Bureau and the Office of Education, the committee referred to a "considerable amount of correspondence" in connection with the Children's Bureau and to the "particularly aggressive" attitude of the Office of Education with respect to funds.

"The time of government employees should not be utilized in propagandizing the Congress in behalf of appropriations from which they might expect to benefit," the committee said, nor should the employees be used in having members of Congress "circularized" in behalf of appropriations. . . .

The committee eliminated entirely a request for \$2,465,000 for the War Manpower Commission's program of recruiting, locating and importing foreign workers to meet labor shortages, commenting that the program has not met with "sufficient success to justify its continuation."

Other allotments included \$42,800,000 for emergency maternity and infant care for wives and children of enlisted servicemen and \$63,000,000 for the emergency nurses' training program.

The Children's Bureau administration of medical services given dependents of enlisted men has aroused the indignation of the medical profession, Dr. William Benbow Thompson of Los Angeles informed the committee.

Dr. Thompson, who said he represented the California Medical Association, told committee members during hearings on the bill:

"It distresses us, practicing physicians, that we should be cleverly placed in the light of antagonism to a program beneficial to and needed by the wives and children of men fighting to preserve the free institutions of free America.

"We are not so opposed; it is the administration of the program that has aroused our ire."

Dr. Thompson listed as an "example of a bureaucracy run wild" the bureau's requirement that clinics must be

among facilities available for "the free choice of the dependents."

"Our established clinics," said Dr. Thompson, "are for the indigent. Must these, who cannot go elsewhere, be crowded out by the admission of service dependents? Or are the dependents considered by the Bureau as in the pauper class?" . . .

ITEM LII

Emergency Infant and Maternity Care in California

During April, 2,866 new cases, involving 2,691 maternity patients and 175 infants, were accepted under the emergency program sponsored by the Federal Government through the Children's Bureau of the Department of Labor with the coöperation of the California State Department of Public Health. Since the program started in July of 1943, 19,621 maternity patients, who are wives of service men, have been accepted for medical care and hospitalization at the expense of the Federal Government. Of these, 7,745 have completed their treatment and hospitalization, which brings the current case load to approximately 12,000 cases. A total of \$830,500 has been paid to date to physicians, hospitals, and nurses for services rendered under the program. Bills for services have been received from 1,735 participating physicians and 281 hospitals that provide the required facilities for hospitalization.

• • •

During May authorizations were issued for medical and hospital care of 3,187 maternity patients and 167 sick infants of men in the armed forces. Meetings were held with committees of the California Medical Association in Los Angeles and San Francisco in connection with the present new policies of the Children's Bureau in the development of a program for Emergency Maternity and Infant Care.

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

Los Angeles County Hospital

The Los Angeles County Hospital (the M. D. division of the Los Angeles County General Hospital) is one of the large hospitals of the United States. The editor of "The Bulletin," of the Los Angeles County Medical Association, Dr. E. T. Remmen, in a recent issue gave the following interesting account of some of the present activities of that institution:

The Los Angeles County Hospital, one of the nation's great medical institutions, like all other hospitals in this area, is feeling the impact of rapidly increasing population with its need for medical and hospital care. On May 30, a typical day, the medical units of the hospital had 2,530 inpatients under care, which was an increase of 407 patients over the same date a year ago. This inpatient population is distributed among the various services which include, in addition to general medicine and surgery, the usual division into specialties. Each is a separate service with its own attending staff, resident physicians, and interns.

The daily accumulated average in patient load for the current fiscal year to date (July 1, 1943 to May 30, 1944) was 2,466 as compared with 2,175 a year ago. The highest peak in patient load this year was on March 18, when the house count was 2,798. On the same date the previous year the count was 2,266. For this entire fiscal year the hospital has been consistently caring for from 350 to 500 more patients daily than in the prior

* Maternity-Pediatric items listed in Roman numerals. CALIFORNIA AND WESTERN MEDICINE for July (Items I to XVIII); September, pages 178-182 (Items XIX to XXIII); October, pages 226-231 (Items XXIV to XXX); November, pages 282-284 (Items XXXI to XXXVII); December, page 342 (Items XXXVIII and XXXIX and page 304), January, pages 31-32 (Items XL and XLI); February, pages 76-77 (Items XLII and XLIII); March, page 110 (Items XLIV and XLV); April, page 221 (Item XLVI); May, page 259 (Items XLVII to LI).

year. This has taxed the medical and nursing personnel to its utmost.

The attending staff of the hospital includes about 600 physicians, who, although engaged in private practice, give their services without compensation. They supervise the care and treatment of patients and instruct and direct the interns and residents assigned to their respective services. Membership on this staff is by qualification and selection by a medical advisory board. Appointments are made for a one-year period by the hospital administration on recommendation of this board. Reappointment may be made annually. Now 184 members of the staff are on military leave of absence. Philip Cunneane, M.D., is chief of staff, J. Norton Nichols, M.D., is chairman of the surgical section, and Howard F. West, M.D., is chairman of the medical section.

The War Manpower Commission (Procurement and Assignment Service) has limited the number of interns and resident physicians who may be employed. The hospital's allocation of interns is 79 as compared with a normal of 120. Resident physicians are limited to 43 as compared with a normal of 65. Effective October 1, 1944, a new quota will allow the hospital 84 interns and 46 residents. In addition, about 40 full time paid physicians serve the admitting and outpatient departments in tuberculosis, psychopathy, communicable disease, pathology, radiology, anesthesia and in administrative positions.

The outpatient department of the hospital is an important and a very heavy service. In addition to the special clinics conducted within the hospital, its clinics care for outpatients who are residents of the metropolitan area of Los Angeles. Outpatients in the outlying territory of the county are attended by physicians on the Outside Medical Relief Staff in their own offices and in the patients' homes. Were it not for their active and conscientious support of this medical program, the demand upon the facilities of the County Hospital would undoubtedly exceed its capacity. During the past fiscal year, July 1, 1942, to June 30, 1943, the Outside Medical Relief Staff handled 47,459 patient office visits and 9,013 home calls. In this fiscal year, July 1, 1943, to April 30, 1944, 24,893 office visits and 7,200 home calls were made. During the same periods the Outpatient Services within the hospital had 242,472 and 175,346 patient visits, respectively.

Two medical schools, those of the University of Southern California and the College of Medical Evangelists, carry on teaching programs in the institution and through their presence and activities contribute greatly to the care of the indigent sick and dependent poor of the County. Because of the relationship of these two medical schools with the hospital and its outstanding attending staff organization, it is fast becoming recognized as one of the better teaching institutions of the country. While a majority of the interns and residents on the House Staff naturally come from the two local medical schools, there are many from other schools of the United States and Canada. Because of the size of the institution and the magnitude and diversity of its clinical material, internships and residencies in this hospital are much sought and are generally at a premium. The department of pathology will soon undergo some reorganization and realignment because of the retirement on July 1, 1944, of Newton Evans, M.D., who has been chief pathologist since 1928. Of special interest is the fact that autopsies are performed in 60 per cent of all deaths.

Many nurses have been lost to the Nursing Corps of the Armed Forces as well as to the more lucrative positions incidental to the war effort and its industries. The hospital has a total roster of 517 registered nurses, but counts its effective "on duty" staff at 326 as compared with a minimum normal requirement of 380 for its current case load. The dearth of registered nurses

for the care of civilian needs is becoming a matter of grave and increasing concern to doctors and hospital administrators.

The War Manpower Commission expects all hospitals, public and private, to further reduce nursing hour ratios per patient in order to provide the essential nurses for Army, Navy and Veterans' hospitals. The County Hospital has a large and effective School of Nursing. The present enrollment is 540. Only 25 are not enrolled in the Cadet Corps which is under subsidy of the United States Public Health Service. Two hundred ninety-five are in the first period of training, 143 in the second, and 102 in the third. These student nurses are of invaluable assistance in the bedside care of the patients. A new class of 100 student cadets will be enrolled in August. Although 40 will be graduated by September, the hospital school will still have a fall enrollment of 600. The Los Angeles City School Board and City College have assigned several excellent instructors to the school. The administrative and service departments have also suffered from shortage of personnel.

The operation of an institution of the magnitude required for the constant care of such a large segment of the population of the community necessarily takes a budget of no mean proportions. For the fiscal year commencing July 1, 1944, during which it is estimated that the County will be required to furnish hospital care for a daily average of 2,950 patients, of which 2,720 will be in those departments under the care and jurisdiction of Physicians and Surgeons, M.D., the General Hospital has been allowed an over-all budget in the tentative amount of \$6,456,083, of which \$5,386,523 is for salaries and wages, \$1,046,708 for maintenance and operation, and \$22,852 for capital outlay. During the war years and because of governmental restrictions upon vital materials, the County Hospital of necessity has drastically curtailed its program of replacement of obsolete and purchase of new capital equipment.

The hospital, in cooperation with the two medical schools, is already making plans which will permit the scores of young doctors, whose medical training and study of the various specialties were interrupted by the war, to resume their training by making every facility available to them when the war ends.

The County Hospital, a unit of the General Hospital, which is a division of the Department of Charities, is administered by Leroy R. Bruce as General Superintendent with John E. Smits as his assistant and Phoebus Berman, M.D., as Medical Director. Mrs. Edith B. Pilant, R.N., is Director of Nursing Services while Mrs. Elizabeth H. Brown is Director of the School of Nursing.

Hospital Service of California

Donald D. Lum, president of the Alameda County Medical Society, gave the following account of the H.S.C., in his President's message of June 19:

The growing interest in medical and hospital insurance makes fitting a review of the plan initiated by the Alameda County Medical Association and local hospitals.

It was actually inaugurated on November 16, 1936, to lighten the burden of heavy hospital bills for people of moderate means. Participation by the public was voluntary, with free choice of doctor and hospital. The result was immediate success, and since that time, Hospital Service has made substantial progress. Moreover, because of a sound, conservative policy, not only have hospitals been paid in full, since the inception, but a considerable reserve fund has been built up to face possible epidemics, disasters, and inflation.

Today, the Directors are gratified to note 80,000 Bay

area subscribers, with reserves amounting to half a million dollars, which represents approximately \$6.00 per subscriber. This gain is ample indication not only of a conservative policy, but of extremely modest overhead expense so essential to sound business operation.

Because of this satisfactory record, benefits to subscribers have been increased no less than three times without additional cost to the subscriber. In May, 1943, five additional benefits were granted all subscribers, so that today, Hospital Service of California provides a service among the most liberal of any Blue Cross Plan in existence. At that time, an indemnity plan was offered for surgical operations, fractures or dislocations, which provided a schedule of payments direct to the subscriber without, however, prejudicing or indicating what the surgeon's fee should be. So popular was this offer, that to date, over 20,000 subscribers have added this benefit.

COMMITTEE ON ORGANIZATION AND MEMBERSHIP

De Senectute

"When thou wast young, thou girdedst thyself, and walkedst whether thou wouldest: but when thou shalt be old, thou shalt stretch forth thy hands, and another shall gird thee, and carry thee whither thou wouldest not."—John 21:18.

Age seems only a brief second progressing in the scheme of time. Old age then is like the minute that has just passed to make room for the hour. Have you ever been able to actually picture yourself as the old duffer who came to visit the office today. Few humans have! We lack the ability to imagine ourselves as we will be in old age, because when eyes are clear and limbs are tireless, there is no incentive to imagine the breakdown of body functions into future inadequacies. However, surveys into the plight of the aged reveal that need exists for preparing for possible lack of capacity to earn and save even on the part of medical oldsters.

The medical profession as a whole has as yet no available plan for its own members. Other professionals and laborers are constantly striving to perfect forms of insurance and saving for this purpose. It is recognized that difficulties arise when an attempt is made to make monthly contributions on a permanent basis. Those of us engaged in private practice have no set income. Also the expenses incurred vary from month to month. This fact alone has probably been the main deterrent in any actual trend of policy on this subject. The Los Angeles County Medical Association has for a long time been aware of the acute need for creating more active and efficient interest in the situation. As a result the first definite step was taken organizing the Physicians' Aid Association. It is designed to care for those of us who become dependent. It also provides for the care of our families in time of need. Already a fund of \$45,000 has been subscribed by our members. Several gifts of \$1000 have already been received. In order to carry out definite and effective plans of aid it is recognized that small efforts toward the goal on the part of all of us will make such an undertaking successful. There is no need for any burden to fall on one small group. It is hoped that a hundred per cent interest will bring the coöperation to a peak and give ample funds to cover all needs.

This is not an appeal to charity! A contribution from each of us is an assurance that the giver—come what may—will have a comfortable home with congenial companions.—Secretary E. T. Remmen, in "Bulletin of Los Angeles County Medical Association."

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (18)

Alameda County (4)

Condit, Philip K., *New York*
Eliassen, George W., *Oakland*
Knopf, Benjamin W., *Livermore*
Wilbur, William A., *Hayward*

Napa County (1)

Robson, Verna L., *Sanitarium*

Sacramento County (1)

Patton, Fred P., *Sacramento*

San Diego County (1)

Rumsey, J. M., *San Diego*

San Francisco County (9)

Anderson, Hamilton H., *San Francisco*
Biernoff, Joseph, *San Francisco*
Bostick, Warren L., *San Francisco*
Brennan, Thomas J., *San Francisco*
Buckley, Daniel H., *San Francisco*
Claffey, Edward Christopher, *San Francisco*
Johnson, Nelson W., *San Francisco*
King, Earl B., *San Francisco*
Meilstrup, Drew Buckle, *San Francisco*

Ventura County (1)

Sherwood, Catherine, *Santa Paula*

Yuba-Sutter-Colusa Counties (1)

Keyes, Thomas F., *Marysville*

Transfers (2)

Childrey, John H., from San Mateo County to Santa Clara County.

Wirth, R. G., from Los Angeles County to San Diego County.

In Memoriam

Hoskins, Greg. Died at Long Beach, May 10, 1944, age 57. Graduate of the Cooper Medical College, San Francisco, 1910. Licensed in California in 1911. Doctor Hoskins was a Retired Member of the Los Angeles County Medical Association, the California Medical Association, and an Affiliate Fellow of the American Medical Association.



Profant, Henry James. Died at Santa Barbara, April 29, 1944, age 51. Graduate of the Rush Medical College, Illinois, 1920. Licensed in California in 1921. Doctor Profant was a member of the Santa Barbara County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



Schoff, Charles Edward. Died at Sacramento, May 28, 1944, age 59. Graduate of the Cooper Medical College, San Francisco, 1908. Licensed in California in 1908. Doctor Schoff was a retired member of the Sacramento Society for Medical Improvement, the California Medical Association, and a Fellow of the American Medical Association.

† For roster of officers of component county medical societies, see page 4 in front advertising section.

OBITUARY

Ruby L. Cunningham
1880—1944

Dr. Ruby L. Cunningham of Berkeley, Calif., who for many years served as senior women's physician at the Cowell Memorial Hospital, and as Associate Professor of Hygiene at the University of California at Berkeley, passed away on June 25th after an illness of several months. She was born in Riverside County, California, and after graduating from San Bernardino High School came to Berkeley to attend the University of California, where she was awarded the B.S. degree in 1903. She taught science in several California high schools and later returned to the University where she received her M.S. in 1912 and an M.D. in 1914, serving her internships at the San Francisco Hospital.

Before joining the Health Service Staff of the U. C. in 1918, she was engaged in private practice in Berkeley. She succeeded Dr. Romilda Paroni, and became assistant and later associate professor of hygiene and senior physician for women. For over a quarter of a century she devoted full time in administering to the health of women students at the University of California and to the teaching of hygiene. Her kindly spirit will be remembered by thousands of university women whom she served, and as a true physician and teacher.

Dr. Cunningham was a member of the Alameda County Medical Society, the California Medical Association and the American Medical Association. She was also a member of the American Student Health Association, serving at one time as vice-president and member of the Council. She was past president of the Pacific Coast Section of the American Student Health Association at the time of her death, and one time president of the Berkeley Health Center. She held a membership in the Sigma Xi and Delta Omega national honor societies. She took an active interest in women's campus activities, was a charter member of the Women's Faculty Club, a member of the Prytanean Society and Mortar Board. She made many scientific contributions to medical science and published several papers on students' health problems.

Dr. Cunningham had lived with her sister, Mrs. Mathew C. Lynch, at 1830 Yosemite Road, Berkeley, Calif., for several years prior to her death. Her untimely passing is greatly regretted by all with whom she was associated.

ROBERT T. LEGGE, M.D.
Berkeley, Calif.

So that my life be brave, what though not long?

—William Drummond, *Sonnets*, No. xii.

In their rôle of scavenger, mussels devour a great variety of dead cells and organic particles, including fragments of cellulose, granules of starch, and oil globules and protein particles, it is revealed in a recent article in the "Journal of Experimental Zoölogy" by Dr. Fox and Dr. Wesley R. Coe, Professor Emeritus of Zoölogy of Yale University.

Although their principal food consists of refuse, mussels also consume large numbers of microscopic plants and animals. In filtering about 60 quarts of water a day, a mussel may take in some 6,600,000 tiny dinoflagellates and possibly 1,200,000 diatoms, Dr. Fox says.

While mussels will not swallow anything poisonous to their own systems, they do ingest the minute organism *Gonyaulax* which is very poisonous to man. For this reason, human consumption of mussels must be banned in certain localities for a period during the summer when *Gonyaulax* flourishes.

CALIFORNIA PHYSICIANS' SERVICE†

California Physicians' Service and Its Public Relations

(A series of articles: January, "California and Western Medicine," on page 38; February, page 83; March, page 118; April, page 227.)

Professional members of California Physicians' Service have long since become accustomed to the use of the words "unit" and "unit value" in connection with their C.P.S. work. However, in some cases they do not actually understand all that is embodied in those words, nor do they realize the forces which bear upon the ultimate unit paid for professional services. A brief review of the unit seems to be in order at this time.

The "unit" in itself is an abstract term of measurement, much as one horsepower or one foot-pound, arbitrary selections for specific purposes. For purposes of C.P.S. the unit is fixed as an arbitrary fee, in the abstract, for a specific service: Concretely, it attains a monetary value in accordance with (1) the number of units of professional service rendered by all professional members in a given period and (2) the amount of money available for the payment of units of service rendered during that same period. Thus, if 10,000 units of service are rendered during one month, and if \$22,500 in cash is available for professional services for that month, the unit value may be fixed at \$2.25.

Ideally, the unit has a value of \$2.50. By the terms of the C.P.S. articles, the unit may never attain a value greater than \$2.50; however, there is no prohibition anywhere against increasing the number of units which may be paid for one or another specific service. Indeed, some services which have been considered underpaid in the past have been increased in value through the allocation of additional units for such services.

The Unit and the Doctor

When the professional member joins C.P.S. he agrees to accept the going number of units, at the going value, in full payment for his professional services. He realizes, or he should realize, that the value of the unit fluctuates in accordance with the amount of cash collections for the period covered and in accordance with the number of units of service rendered for the period. If the professional member becomes too liberal in the amount of service given a beneficiary member, or if a beneficiary member makes too great a demand for medical service, it is obvious that the number of units of service rendered must increase and that the unit value must similarly decrease. Any waste in the volume of service rendered is immediately reflected in the value of the unit for the period. Either the physician or the patient may take money right out of the doctor's pocket by running up the number of units of service rendered.

On a comparative basis, the various medical and surgical procedures are gauged by a table of unit values which fixes an agreed-upon number of units for each item. In some cases the number of units allowed represents the fee for a complete case, including preparation, operation and after-care. In other cases the unit allowance covers only a specified procedure, with additional units allowed for subsequent visits and treatments.

To bring the unit and its value down to the realm of dollars and cents, the professional member is naturally

† Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M.D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

inclined to compare C.P.S. payments with those he receives from his private patients. In some instances the comparison is unfavorable to C.P.S. In most instances, an honest comparison of fees shows that the C.P.S. unit payment for certain services represents as much as, or even more than, the physician would receive from his average private patient in the lower-income bracket for the same service.

Just to give a few examples of some of the more common procedures, the following list of C.P.S. unit allowances, together with their value on the basis of a full \$2.50 unit and also on the basis of the \$2.25 unit now being paid, may be illuminating:

Service	Units	@ \$2 50 unit	@ \$2.25 unit
Office visit (first).....	2	\$ 5.00	\$ 4.50
Office visit (subsequent)...	1	2.50	2.25
Hospital visit	1½	3.75	3.37
Home visit (first).....	2	5.00	4.50
Home visit (subsequent)...	1½	3.75	3.37
Home visit after 10 p.m....	3	7.50	6.75
Herniotomy	40	100.00	90.00
Appendectomy	50	125.00	112.50
Hemorrhoidectomy	40	100.00	90.00
Nephrectomy	80	200.00	180.00
Fractures: arm.....	25	62.50	56.25
wrist	25	62.50	56.25
femur	40	100.00	90.00

(Add 50% for compound or comminuted fracture or where traction is used. Add 100% for open reduction.)

Assist at major operation.	12	30.00	27.00
Assist at minor operation..	4	10.00	9.00
Obstetrics	40	100.00	90.00
Hysterectomy	60	150.00	135.00
Prostatectomy	80	200.00	180.00
Colostomy	50	125.00	112.50
Gastrectomy	80	200.00	180.00
Cholecystectomy	80	200.00	180.00
Myringotomy	4	10.00	9.00
Audiometer test	2	5.00	4.50
Submucous resection	30	75.00	67.50
Caldwell-Luc	70	175.00	157.50
Foreign body in eye.....	2	5.00	4.50
Thyroidectomy	70	175.00	157.50
Reduction nasal fracture..	10	25.00	22.50
Electrocardiogram	3	7.50	6.75
Internist: work up case...	6	15.00	13.50

(Plus standard laboratory fees)

A review of these figures indicates that the average C.P.S. fee for these services, either on the basis of the full unit or on the basis of the \$2.25 unit now being paid, represents an eminently fair collection for services rendered. This fact becomes increasingly apparent when the following facts are kept in mind:

1. The payment from C.P.S. is a full payment, with no collection loss.
2. The method of collection has been simplified to a point where the office or paper work involved is less than similar work for a private patient.
3. There is no delay in collections; payment for a specified month is made at a specified time of the following month.
4. Only one statement is sent out; there is no billing of unpaid balances from month to month.
5. All payments due from C.P.S. may be charged for in a single mailing to C.P.S.; payment for all such items is made by C.P.S. in a single check.
6. In cases of surgery, the fee of an assistant is allowed; the surgeon does not have to pay this fee out of his own fee.
7. In cases where x-ray or laboratory work is necessary, full payment is made by C.P.S. for such services,

either to the attending physician or to the specialist to whom such work is referred.

With the above facts in mind, how do these C.P.S. fees compare with the average fees you collect—not what you originally charge—for similar services to low-income patients? How do these fees compare with the fees received from insurance carriers for industrial compensation practice?

These questions are not asked in an impertinent vein but merely for the purpose of inviting comparison. It becomes apparent, when a calm comparison is made, that the C.P.S. fees represent eminently fair fees for the type of service rendered to patients in the low-income groups which make up C.P.S.

In some metropolitan areas the average fees for some of the listed services may appear higher, on the surface, than the fees C.P.S. is now paying. On the other hand, when collection losses and collection expenses are taken into consideration, and when the certainty of payment on a specified date is balanced against the office work and uncertainty of payment involved in many private cases, the C.P.S. fees assume a more favorable comparative value.

On a state-wide basis, which must necessarily be used in considering a state-wide organization, the C.P.S. fees represent a level of fees which compares most favorably with the average of private medical and surgical fees.

Naturally, the value of C.P.S. fees comes back to the unit value which can be paid. And here is where the professional members not only influence but actually control the unit value. By limiting their services to the essentials and thereby not wasting units of service, they can reduce the total volume of units and make possible a more nearly ideal unit value. By giving their C.P.S. patients the best in medical service they can gain new friends for medicine and for C.P.S., and can help build up the total number of beneficiary members; this will help reduce the per capita overhead expense and make more money available for payment of units.

Here is the doctor's opportunity to contribute to his own good and to the good of the profession as a whole. Here is the profession's chance to meet a challenge issued by the public, a challenge which must be adequately and properly answered if Medicine is to continue in control of its own destinies.

U. S. Losses Listed

The war up to June 22, 1944, has brought 178,677 casualties to the Army and 46,705 to the Navy.

The Army casualties cover a period through June 6; the Navy total is on the basis of a report made public June 22. The total of 225,382 for both services is an increase over figures announced two weeks earlier. This increase includes casualties suffered on the first day of the invasion of Europe.

Of the *United States Army* casualties, 31,289 are dead, 71,432 wounded, 39,976 missing and 35,980 prisoners. The campaign on the Italian mainland, from the landings on September 9 through June 15, brought 64,992 casualties, of whom 11,610 are killed, 44,246 wounded and 8,956 missing.

American Airmen operating from Italy against targets there and in Nazi held Europe have lost, during the same period 1,186 killed, 1,373 wounded and 6,493 missing—a total of 9,052.

The *Navy* figures of June 22 showed an increase of 932 since an announcement two weeks earlier. It is believed that the intense Navy, Marine and Coast Guard activity in the Pacific during recent weeks and days is not yet reflected in the Navy totals. The latest Navy figures place the killed at 20,044, wounded at 12,905, the missing at 9,295 and prisoners at 4,461.

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

On Regimentation of Doctors and Patients.*—
"Medical Care" is a quarterly journal devoted to economic and social aspects of health service. Its editorial in the February, 1944 issue has the caption "Nineteen Forty-Three: An Editorial Review," the author presumably being Michael M. Davis, Editor. An excerpt follows:

"Three Tasks Ahead"

"While controversy advertises and experience illuminates the issues of medical care, there is time for three essential tasks:

"1. The first task is to define, through the joint work of progressive physicians and informed lay groups, policies which will produce better quality, distribution and organization of medical services and which can be incorporated in legislation.

"2. The principle of joint participation by the profession and the public, in planning and administering professional services, must be established for the sake of both groups. In its demand for 'control,' organized medicine has failed to discriminate between professional procedures, in which the physician is the only expert, and the policies and administration of medical services, in which many other groups besides the medical profession are both concerned and informed. Continued failure to recognize this distinction will jeopardize medicine's control of even its proper area. A continuing national agency including representatives of lay and professional groups is needed to dramatize and effectuate the principle of joint participation. The present need of postwar planning gives such a proposal timeliness.

"3. The third task is even more urgent: the creation of correct popular understanding of broad issues and the destruction of misstatements. For this an aggressive agency is now needed, working in coöperation with organized labor and other bodies."

In regard to a challenge in the above editorial, the Speaker of the House of Delegates of the American Medical Association, Dr. H. H. Shoulders of Tennessee, in his address given on June 12th, stated:

"I have never thought it appropriate for one in my position to speak on any question which may become an issue before the House. However, I don't think it will be a violation of such a policy for me to make brief reference to an alleged 'challenge' to the profession (*Medical Care*, February, 1944, p. 11). In reality the 'challenge' is to this House of Delegates, because you are the only representative body of doctors in position to answer any such challenge to the profession.

"The so-called challenge is made by an active proponent of radical change in our American system of medical practice. It is to the effect that the very high quality of medical care which all admit is being received by the soldiers and sailors of our armed forces everywhere is proof that such a regimented system of medical care should be adopted and enforced by the federal government for all the people. It is not at all surprising that such a suggestion should be made from the source it comes. Nor is it surprising at all that the author failed to mention several features of the military system. He did not mention the fact that in this system the patients and the doctors are both regimented. He did not mention that patients in this instance are tagged and sent or ordered to a certain institution for service, that they are required to accept whatever service is provided and that they continue to be under military discipline even as patients. The author of this challenge attempts to carry forward the obvious deception that the medical profession can be regimented without at the same time regimenting the patients also. He forgets that you have stood for freedom of the patient first, not just for the freedom of the doctor. He forgets, or at least does not mention the fact, that soldiers both medical and combatant have sacrificed their personal freedom for the moment, as they are willing to sacrifice their lives, for the purpose of winning a war to make freedom secure; that they do not make this sacrifice merely to demonstrate what, to some, may appear to be an ideal way of life.

"Most important of all, he who would apply a military regimen to civilian life forgets that the judgments and

the skill brought to bear on the medical needs of our military forces are fundamentally the product of our civilian system of medical training and practice, in the development of which the policies adopted by this House of Delegates are entitled to no small measure of credit. He does not mention the numerical ratio between doctors and patients in the Army, nor does he make any reference at all to the cost of medical care under military administration.

"I call attention to this challenge for the purpose only of emphasizing again that the proponents of radical change are as clever, persistent and deceptive as they are fundamentally unsound."

Northern California Union Health Committee

The "Northern California Health Committee" is a committee organized to work with every labor, health and medical group in this area to better the health and safety of organized workers in Northern California.

The Northern California Union Health Committee will act as a clearing house for material and information about health and health activities; through union committees already in existence will integrate and make available to unions the work of large lay organizations and medical agencies; will release weekly health articles to union publications reaching 200,000 people; will facilitate the work of labor with management and government agencies upon educational projects such as nutrition, communicable disease, and industrial health; will act as an over-all service committee in matters of health and safety for union men and women.

The address of the organization is: 57 Post Street, Rooms 707-708, San Francisco 4, California, Telephone GARfield 4793.

The Northern California Union Health Committee shall put into action the resolutions adopted by the Bay Area Union Health Conference held January 16th, 1944, at the Civic Auditorium in San Francisco. These resolutions are the product of the united effort of an assembly of AFL, CIO, Railway Brotherhood, and independent union delegates with representatives of public health agencies and unofficial agencies such as the Tuberculosis Association, Heart Association, Nutrition Council and Social Hygiene Association.

Resolutions on Public Health

Public health means protecting the health of all the people in an ever-expanding program.

1. All unions shall initiate and sponsor mass x-ray surveys of tuberculosis and mass examination for venereal disease.

2. All unions shall unite behind an amendment to the present state residence statute, so that tuberculosis care is made available to every resident.

3. All unions shall work with health departments in the improvement of services and facilities, and urge the appropriation of adequate funds for public health services.

4. All unions shall press for adequate provision for health education in the curricula of public schools. All unions shall institute a program of health education for members and their families, utilizing the materials and services which are available from established public and private agencies.

5. A labor advisory committee consisting of one representative each from the AFL, CIO and Railway Brotherhoods shall be appointed by the State Department of Public Health, by each City and County Department of Public Health and by various health associations such as the Tuberculosis Association, the Social Hygiene Association, etc. The purpose of these advisory committees shall be to facilitate union-government-professional-public coöperation in the public health field.

* For editorial comment, see page 2.

6. Unions shall petition the city government of Richmond and El Cerrito to institute adequate public health programs under the direction of competent full-time health officers.

Resolutions on Nutrition

1. Unions shall see that adequate supervision is afforded in-plant feeding. Unions shall recommend that the State Bureau of Food and Drug Inspection and local Health Departments appoint sufficient personnel to insure proper inspection of such facilities.

2. Unions shall cooperate with local and state organizations in an effort to bring an educational nutrition program into the homes of working people.

3. The Union Health Committee shall establish a sub-committee on Nutrition and Industrial feeding problems.

Resolutions on Health Insurance

1. The Northern California Union Health Committee shall study all health plans in existence with emphasis upon the California Physicians' Service and Kaiser Plans, for the purpose of working out proposals for immediate health care to be submitted to the unions for their consideration and participation, and shall endorse the California Physicians' Service and Kaiser Plans as worthwhile projects.

2. In communities like the Harbor Gates Area in Richmond where there are no existing facilities, the United States Public Health Service shall be petitioned to take charge during the emergency.

3. The Northern California Union Health Committee shall endorse and work for the passage of the Wagner-Murray-Dingell Bill.

Resolutions on Industrial Health

1. Unions shall designate members in each plant to serve as union safety committee members and also set up union safety committees.

2. Union safety committees in each plant shall form a plant-wide safety committee on which representatives of management and management safety departments shall be asked to serve. Such committees shall seek causes of accidents and ask for action to eliminate these causes and to enforce safety procedures.

3. Plant-wide safety committees shall issue educational material signed by both labor and management.

4. Business representatives from all local unions participating in the Committee shall work with accident and health bureaus.

5. The Northern California Union Health Committee shall investigate the problem of pre-placement medical examination by labor and management in industry.

6. Unions shall seek more strict enforcement of already existing industrial health laws, and an increased State budget for this purpose.

7. Unions shall set up committees to aid in finance and manpower on industrial health and accident problems.

* * *

The importance of medical care in the lives of the people has been clearly defined in the second Bill of Rights as enunciated in President Roosevelt's statement to Congress. The majority of American people have never received adequate medical care. Poor distribution of physicians before the war left entire areas in this country medically impoverished. Four years of war-time stress under such conditions place the home front in grave danger.

The Northern California Union Health Committee shall prove, as does the existence of other such groups recently sponsored by labor, that the working people of America shall share the leadership in planning health programs for our country, in war and in peace.

AFL Medical Center Opens in Los Angeles

The beginning of one of Los Angeles' most modern and efficient medical services took place about May 1, when the Union Medical Foundation of the American Federation of Labor opened its doors at 609 South Grand Avenue.

Devoted entirely to the needs of all American Federation of Labor members, and to the maternity cases of the wives of servicemen now on military duty and to those whose husbands have been honorably discharged, the service is the result of Organized Labor's cooperation with the Union Labor Service Department.

Union Medical Foundation has been approved by the Los Angeles Central Labor Council and will be open 24 hours a day, seven days a week, after the first three months.

Purpose of Foundation

The plan was outlined by the Central Labor Council several weeks ago by Lloyd Mashburn. Its objectives are:

1. To provide complete facilities and an adequate staff in Los Angeles for the prompt and competent care of injured workmen and for the maternity cases of wives of United States servicemen now on military duty as well as those whose husbands have been honorably discharged from military duty. In addition to being extended to the wives of all servicemen, the maternity care is also offered to the wives of all AFL members, and at the same rate of \$50.

2. To safeguard the workman from total or permanent disability.

3. To reduce to as great an extent as possible the number of disability claims resulting from industrial accidents or diseases.

Primary aim is to render prompt and efficient medical aid to the injured or diseased workman, aid that is vital not only to health and life itself, but aid which is an economic necessity for the insurance carrier whose claims mount in direct ratio to the loss of time, and ability, of the insured.

Under present conditions, workmen are frequently neglected while the status of their injuries as industrial or non-industrial accidents or diseases is being determined by the California State Industrial Commission. In many cases, the workmen, having both insufficient funds and no real understanding of his injuries, fails to obtain proper medical attention pending a decision of the authorities.

Goal of the Foundation is to maintain the finest medical service for its patients, and by its efficient care to return them to work with a minimum loss of time and a maximum of physical well-being.

The Plan

The Union Medical Foundation of the AFL will provide:

1. Medical and surgical diagnosis and treatment of all industrial accident injuries and diseases.

2. Complete and competent medical care of all AFL members and servicemen's wives when needing maternity care.

3. Hospitalization for industrial cases.

4. All diagnostic laboratory tests.

5. X-ray examinations.

Management of the Foundation will be vested in a consulting committee composed of staff physicians and members of the American Federation of Labor, who will meet regularly at the Foundation.

While the main Foundation will be located at 609 South Grand Avenue, it is proposed that branch offices be situated in the metropolitan areas which are more adjacent to industrial activities.—Los Angeles Citizen.